


# FLORIDA HIGHWAY PATROL

## POLICY MANUAL

	<b>SUBJECT</b> OUT-OF-STATE FUNERALS	<b>POLICY NUMBER</b> 24.02
	<b>APPLICABLE CALEA STANDARDS</b>	<b>ISSUE DATE</b> 02/01/96
		<b>REVISION DATE</b> 07/01/07
		<b>TOTAL PAGES</b> 5

### 24.02.01 PURPOSE

To standardize the procedures to be followed when out-of-state funeral attendance is authorized.

### 24.02.02 POLICY

It is the policy of the Florida Highway Patrol, when receiving information that a law enforcement officer of another agency was killed in the line of duty, to assign (when practicable) uniform member(s) to attend the funeral service.

### 24.02.03 OBJECTIVES

- A. To standardize procedures pertaining to out-of-state funerals.
- B. To provide a guideline of responsibilities and required forms.

### 24.02.04 RESPONSIBILITIES

- A. The appropriate Deputy Director will initiate the assignment instructions and necessary correspondence to complete the detail.
- B. The appropriate Deputy Director will prepare, or authorize, a letter for the Director's signature stating the concern of the Florida Highway Patrol (Addendum 24.02-1).
- C. The appropriate Deputy Director will prepare, or authorize, a letter of assignment to the member(s) selected (Addendum 24.02-2).
- D. The appropriate Deputy Director will supply the selected member(s) with a sample of form DBF-AA-13, "Authorization to Incur Travel Expenses" (Addendum 24.02-3).

### 24.02.05 PROCEDURES

- A. A "Fact Sheet" containing the requested information will be completed by the person receiving information of an out-of-state, line-of-duty, death of a law enforcement officer (Addendum 24.02-4).

- B. A letter from the Director stating the concern of the Florida Highway Patrol will be sent to the out-of-state agency head.
- C. A letter of assignment will be forwarded to the member(s) selected to represent the Florida Highway Patrol.
- D. The Class A uniform will be worn by the selected member(s).
  - 1. The Florida Highway Patrol campaign hat will be worn as part of the Class A uniform.
- E. The "Authorization to Incur Travel Expenses", form DBF-AA-13, will be properly completed and approved before travel begins.

(DATE)

Colonel Blank B. Blank  
Director  
Department of State Police  
Post Office Box 1234  
Blank, Blank 11111-1111

Dear Colonel Blank:

It is with deep sadness that I learned of the death of (individual's name and rank). (Short reference to the circumstances surrounding the death).

We will share in the loss of one who had dedicated his/her (whichever is appropriate) career in law enforcement to making his/her community a better place in which to live.

I have selected (member's name and rank) of Troop (alpha designation), (city), to represent the Florida Highway Patrol at the funeral of (individual's name and rank).

On behalf of the members of the Florida Highway Patrol, I extend our sincere sympathy to the family and your Department for your great loss.

Sincerely,

Colonel Christopher A. Knight  
Director  
Florida Highway Patrol

CAK/dr

ADDENDUM 24.02 - 1

POLICY 24.02 - 3

DIVISION OF FLORIDA HIGHWAY PATROL

OFFICE OF THE DIRECTOR

(DATE)

TO: (Selected member's name/rank)

FROM: Colonel Christopher A. Knight  
Director

SUBJECT: Funeral of (Individual's name/rank - city/state)

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You have been selected to represent the Florida Highway Patrol at the funeral of (individual's name/rank) in (city/state).

You are to contact (individual's name/rank) who will be in charge of the ceremony assignments to be held (summarize the DATE, TIME, LOCATION, and any other pertinent facts concerning the assignment).

Travel arrangements have been made for you to travel to (city/state) on (date) and return on (date). Expenses and arrangements are authorized and will be reimbursed at the out-of-state rate of (actual expenses). A copy of the travel form, DBF-AA-13, is attached for your signature.

CAK/dr

cc: Executive Director, Electra T. Bustle  
FHP Executive Staff  
Major (indicate troop commander of selected member)

Attachments

**FACT SHEET**  
**Out-of-State Funeral**

1. Short synopsis of the facts surrounding the death of the member of the department for which the funeral will be held.

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2. Date, time, and location of the services to be held.

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3. Anticipated travel arrangements, ground and/or air.

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4. Name and location of the contact person who will possess the information to properly carry out the assignment.

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5. Information on possible lodging accommodations, if known.

Motel/Hotel Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Estimated Costs: \_\_\_\_\_

6. Will any direct contact be requested with members of the deceased's family?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Person who transmitted the information.

Name: \_\_\_\_\_  
Information received by: \_\_\_\_\_

Completed By:

Name/Rank: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

ADDENDUM 24.02 - 4

POLICY 24.02 - 5